Optiona	l Reductions - Health												
Ref. Lin # Iter	Reduction Name	Appro	2010 opriation I Funds)	FY 2009 General Fund Reduction	FY 2009 Other Funds Reduction	FY 2010 General Fund Reduction	FY 2010 Other Funds Reduction	OI:	2010 ent outions	FTEs Filled	FTEs Vacant	Clients Affected Impact	Additional Legislation Required?
O35 ED	O DOH - Eliminate Chief Operating Officer Position	\$	174,900	\$ 32,100	\$ 26,200	\$ 96,200	\$ 78,700		·	1.0		This would eliminate the funding for the chief operating officer for Health that the Governor announced in January.	No
O36 ED	O DOH - 2008 GS - Specimen Preparation Equipment and Inflation	\$	70,000	\$ -	\$ -	\$ 70,000	\$ -	\$	-	0.0		This funding was to help reduce the high caseload levels and equipment needs at the Medical Examiner's Office. This money does not fund another worker to reduce caseloads.	No
O37 ED	O DOH - \$1,000 County Surcharge for Death Exams (2,000/year)	N/A		\$ 666,700	\$ -	\$ 2,000,000	\$ -	\$	-	0.0		New charge to counties for individuals who die in their jurisdiction and need an examination for the Office of the Medical Examiner.	Yes
O38 ED	O DOH - 2008 GS - HB 133 Health Care Reform	\$	615,000	\$ 205,000	\$ -	\$ 615,000	\$ -	\$	-	0.0		This new program could be delayed. The program to be set up is health care cost and quality data collection, analysis, and distribution.	No
O39 ED	O DOH - Decrease IBIS-PH Development Expenditures	\$	131,700	\$ 17,000	\$ -	\$ 51,000	\$ -	\$	-	0.0		May go from being an active partner to a non-partner in the further development of the IBIS-PH system.	No
O40 ED	O DOH - Reduce Contract for Data Cleaning and Deduplication	\$	615,000	\$ 66,000	\$ -	\$ 198,000	\$ -	\$	-	0.0		Contract had not been executed yet. Scope of project for episode of care analysis will be reduced to a pilot study.	No
O41 ED	O DOH - Less Employee Training and Development in EDO	\$	34,800	\$ 4,000	\$ -	\$ 12,000	\$ -	\$	-	0.0		0 Reduce funds for employee training and development	No
O42 HS	DOH - Eliminate Grants to EMS Agencies	\$ 2,	2,100,000	\$ -	\$ -	\$ 2,100,000	\$ -	\$	-	0.0		No more grants to local EMS (Emergency Medical Services) agencies for equipment and training.	No
O43 H5	DOH - End CPR Training for All 10th Graders	\$	300,000			\$ 300,000				0.0		40,000 End statewide training of all the approximately 40,000 10th graders in CPR skills.	Yes
O44 HS	DOH - Eliminate Statewide Trauma System	\$	400,000			\$ 400,000				1.5		End statewide trauma data collection and patient care improvement process.	Yes
O45 HS	DOH - End Subsidy of Medical Facility Inspections	\$ 5,	,805,800			\$ 1,310,400				0.0		Each 1% increase in fees brings in about \$65,600 in revenues. To replace the \$1.3M in General Funds a 20% fee increase would be required. In FY 2009 nearly all fees were increased 16% after about 10 years without any fee increases.	Yes
O46 HS	DOH - 15% Reduction in Health Facility Licensure Activities	\$ 5,	,805,800	\$ 65,500	\$ 224,800	\$ 196,600	\$ 674,300			9.8		About 200 less complaints investigated and less survey inspections.	Yes
O47 HS	DOH - Eliminate Bleeding Disorders Assistance Program	\$	250,000	\$ -	\$ -	\$ 250,000	\$ -	\$	-	0.0		Less premium and direct medical assistance for 47 individuals currently in the bleeding disorders assistance program.	No
O48 HS	DOH - Further Reduce Primary Care Grants (federal MOE)			\$ -	\$ -	\$ (31,207,500)	\$ -	\$	-	0.0		Additional reduction in grants to safety net providers. Each safety net provider will be impacted differently. Preserves enough state funds to maximum draw down of federal funds.	No
O49 HS	DOH - Eliminate Primary Care Grants			\$ -	\$ -	\$ 443,100	\$ -	\$	-	0.0		No state grants to safety net providers. Each safety net provider will be impacted differently.	No
O50 EL	S DOH - 22 Clients Receiving HIV Medications			\$ 50,000	\$ 200,000	\$ 96,500	\$ 386,000	\$	-	1.0		22 less clients receiving drug help for HIV. Reduction in staff support for clients.	No
O51 EL	S DOH - 2008 GS - HB 15 Control and Prevention of Sexually Transmitted Diseases	\$	155,000	\$ -	\$ -	\$ 155,000	\$ -	\$	-	0.0		New money for addressing STD's. This effort could certainly be postponed and there is an existing program with federal monies to address STD's.	No
O52 EL	S DOH - 2006 GS - HB 114 Enforcement of Food Sanitation Rules	\$	102,500	\$ 34,200	\$ -	\$ 102,500	\$ -	\$	-	0.0		End Department of Health technical assistance to local health departments for enforcement of minimum statewide food sanitation rules.	No
O53 EL	S DOH - 2006 GS - State Epidemiologist	\$	210,000	\$ 70,000	\$ -	\$ 210,000	\$ -	\$	-	1.0		0 Loose recent FTE addition.	No
O54 CFI	DOH - 2006 GS - HB 142 Center for Multicultural Health – Duties	\$	50,000	\$ 16,700	\$ -	\$ 50,000	\$ -	\$	-	0.0		End funding for capacity building for translation services across Department of Health programs and translation and communication services for limited English proficiency individuals.	No
												<u> </u>	

optional i	Reductions - Health													
Ref. Line # Item*	Reduction Name	Appro	Y 2010 copriation al Funds)	FY 2009 General Fu Reductio	nd	Y 2009 Other Funds Reduction	FY 2010 General Fu Reduction		FY 2010 Other unds Reduction	FY 2010 Client Contributions	FTEs Filled	FTEs Vacant	Clients Affected Impact Additional Legis Required?	
O55 CFHS	DOH - Eliminate Center for Multi-Cultural Health	\$	(600,700)	\$ 18,1	00 \$	45,900	\$ 104,4	400	\$ 137,600		2.0		End training, translation and technical assistance to Health programs, local health departments, and community-based programs. Center did not exist prior to FY 2005.	
O56 CFHS	DOH - 15% Reduction to Statewide Immunization Registry System	\$	1	\$ 16,0	00		\$ 48,1	100			1.0		May be unable to complete repairs and enhancements to the data system for tracking statewide immunization records.	
O57 CFHS	DOH - Baby Your Baby Longer Phone Wait Times	\$	921,900	\$ 10,8	00 \$	5,300	\$ 32,4	400 \$	\$ 16,000		1.0		0 Amount of time callers spend on hold would increase. No	
O58 CFHS	DOH - Elimination of Tobacco Prevention Funded Efforts	\$ 7	7,155,600	\$ 2,387,3	00		\$ 7,162,0	000			0.0		0 Yes	
O59 CFHS	DOH - Eliminate Tobacco Money Funded - Health Promotion Administration			\$ 106,6	00		\$ 319,7	700			0.0		0 Yes	
O60 CFHS	DOH - Eliminate Tobacco Money Funded - Cancer Screenings for Low Income			\$ 184,5	00		\$ 553,5	500	\$ 3,161,500		0.0		This cut would end cancer screenings to low income woman who don't qualify for other public assistance programs (like Medicaid). The most we can cut without loosing federal monies is \$80,000 which would result in a loss of 1.0 FTE and 270 women would not receive cancer screening services.	
O61 CFHS	DOH - Eliminate Tobacco Money Funded - Heart Disease & Stroke Prevention			\$ 95,0	00		\$ 285,1	100	\$ 912,000		0.0		0 Yes	
O62 CFHS	DOH - Eliminate Tobacco Money Funded - Physical Activity, Nutrition & Obesity			\$ 33,3	000		\$ 100,0	000			0.0		0 Yes	
O63 CFHS	DOH - Eliminate Tobacco Money Funded - Baby Your Baby			\$ 46,3	000		\$ 138,8	300			3.0		0 Yes	
O64 CFHS	DOH - Eliminate Tobacco Money Funded - Immunization Purchases			\$ 331,7	00		\$ 995,2	200			0.0		0 Yes	
O65 CFHS	DOH - Eliminate State Money for Child Adolescent and School Health Program	\$ 1	1,179,400	\$ 15,1	00 \$	40,000	\$ 45,2	200 \$	\$ 120,000		1.0		Decreased ability to coordinate Head Start programs at the State level. This eliminates 0 just the State funded portion of this program. There are some associated losses of federal funds.	
O66 CFHS	DOH - Eliminate Reduction Reproductive Health Program	\$	596,500	\$ 6,7	00 \$,	\$ 20,0	000	-		0.0		Stop updating and distributing educational material materials on pre-abortion education. No	
O67 CFHS	DOH - 1,000 Less Children in CSHCN Clinics	\$ 1	1,502,300	\$ 754,9	00 \$	-	\$ 1,480,8	300 \$	\$ -	\$ 159,000	5.0	2.0	Approximately 1,000 clients will not receive services. Additionally, more clients will need to travel farther to receive services. Two clinics will close that currently see 750 children in Ogden in Provo. Funding reductions at remaining clinics will reduce the number of children served by 600.	
O68 CFHS	DOH - 14% Administration Charge on Select Grants			\$ 13,6	\$00 \$,	\$ 13,6	500	-	\$ -	0.0		Take some money from grant specific purpose and use funds for overhead costs to the agency.	
O69 CFHS	DOH - 2008 GS - HB 263 Autism Registry	\$	149,800	\$	\$	-	\$ 149,8	300	\$ -	\$ -	0.0		This funding was to continue a federal effort. The state's program could be delayed although this would create a gap in the data collection.	
O70 CFHS	DOH - 2007 GS - Utah Birth Defect Network	\$	360,000	\$ 120,0	00 \$	-	\$ 360,	000	\$ -	\$ -	0.0		O State funding was used for the replacement of federal funding. This would end the program.	
O71 CFHS	DOH - Eliminate PIO Position	\$ 29	9,556,700	\$ 27,9	00 \$	-	\$ 83,6	600	\$ -	\$ -	1.0		0 Slower response and coordination with media. No	
O72 CFHS	DOH - 5% Reduction in Newborn Screening	\$ 3	3,063,700	\$	\$	-	\$ 153,2	200			0.0		2,000 Reduction in how many diseases included in testing and slower processing times. Money would be used to swap out General Fund in related services. Yes	
O73 CFHS	DOH - Eliminate Pregnancy Riskline	\$	111,300	\$ 9,7	00 \$	27,400	\$ 29,1	100 \$	\$ 82,200		3.0		20,000 No State hotline for pregnant women and health care providers to get information about exposures that cause birth defects.	

Ref. Line		FY 2010	FY 2009	FY 2009 Other	FY 2010	FY 2010 Other	FY 2010 FTI	s FTE	Clients	Additional Legislation
# Item*	Reduction Name	Appropriation (Total Funds)	General Fund Reduction	Funds Reduction	General Fund Reduction	Funds Reduction	Client Fille	d Vacan		Required?
O74 CFHS	DOH - Stop Serving 200 Moderately Delayed Children in Baby Watch	\$ 12,238,700	\$ 292,000	\$ 319,900	\$ 876,000	\$ 959,800	C	.0	Stricter definition of children who qualify for early intervention services. Services would no longer be provided to about 200 children with moderate development delays.	No
D75 HCF	DOH - 1/2% Charge to Third-Party Medicaid Players for Matching Federal Funds	\$ 165,649,100			\$ 414,100	\$ 414,100	C	.0	Currently the Department matches monies from other organizations wishing to provide 0 Medicaid services at no charge. This would be a new charge to those agencies. Every 1/2% charge generates over \$400,000 in General Fund match monies.	Yes
D76 Medicaio	DOH - Medicaid Lawsuit Monies Into Medicaid Restricted Account	Varies Annually	\$ -		\$ -		C	.0	Less unanticipated discretionary money for the Medicaid program to spend and increased revenues to the Medicaid Restricted Account. Currently money from these lawsuits can be used in the Medicaid program at their discretion. Health received \$800,000 in the prior 2 fiscal years.	Yes
D77 Medicaio	DOH - Change Medicaid Hospital Rates to PEHP Target Rates - Start Sooner		\$ 3,705,600	\$ -	\$ -	\$ -	C	.0	This item was in the base budget recommendation and could be started sooner in FY 2009. Medicaid's goal is to pay 90% of PEHP hospital rates. We currently pay 97.6%. Discrete Each \$3M reduction is a 1% reduction in rates. Reinstates assessment that existed from FY 1992 to FY 1999. Replaces current General Fund with revenues from hospitals. Direct cuts to the hospital rate would result in lost federal matching revenues.	Yes
078 Medicaio	DOH - Lower Asset Level for Pregnancy 5,600 Clients		\$ -	\$ -	\$ 3,201,900	\$ 11,580,900	\$ - 8	.1	5,600 Women with countable assets above \$3,000 would no longer qualify for Medicaid. The current countable asset limit is \$5,000. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.	No
D79 Medicaio	DOH - Eliminate Spenddown Category 21,000 Clients		\$ 3,560,900	\$ 99,133,300	\$ 21,010,900	\$ 65,957,100	\$ - 30	.2	Nursing homes would be left with former Medicaid clients in their facility with no reimbursement and would have to find a way discharge the clients to a safe setting. If this could not be done, then the nursing homes would serve the clients with no reimbursement. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.	Yes
080 Medicaio	DOH - Reduction in Nursing Home Rates to Match Decline in Patient Days	\$ 144,138,300	\$ 311,900	\$ 780,100	\$ 935,700	\$ 2,340,200	\$ - 0.	0	Reduce money assigned to nursing home rates to match 2.2% reduction in nursing home days from FY 2005 to FY 2008. Previously population declines resulted in rate increases. The average daily nursing home rate effective July 1, 2008 was \$154.14. Additionally, nursing homes have averaged 8% inflationary increases over the last 5 years.	No
D81 Medicaio	DOH - New Limits to Optional Services for Optional Populations	\$ 271,516,200					C	.0	2,000 In some cases limits could be set to the quantity of services received by Medicaid optional populations. The 3 highest categories of optional service expenditures are: (1) home and community based waivers, (2) pharmacy, and (3) Institutional Care Facilities for the Mentally Retarded.	Yes
D82 Medicaio	DOH - Provider Rate Reduction - Medicaid Non physician to FY 2008 Rate - Earlier Start	-	\$ 1,029,900	\$ 2,514,100	\$ -	\$ -	\$ - 0	.0	This item was in the base budget recommendation and could be started sooner in FY 2009. \$3M General Fund takes back 1/2 of rate increase given in FY 2008 to non-physician Medicaid providers. \$6M General Fund takes rates back to what was paid on July 1, 2007. May impact the number of providers willing to see Medicaid clients.	No
083 Medicaio	DOH - Second Reduction of Rates for Medicaid Non-physician Before 7/1/07		\$ 832,600	\$ 2,032,600	\$ 2,455,200	\$ 6,140,700	\$ - C	.0	May impact the number of providers willing to see Medicaid clients.	No
984 Medicaio	DOH - Limit Drugs Per Medicaid Recipient	\$ 90,504,600					C	.0	1,000 Medicaid recipients who use several drugs per month would have to decide which drug(s) to go without.	No
085 Medicaio	DOH - 2006 GS - HB 288 Health Care Amendments for Foster Children	\$ 450,000	\$ 150,000	\$ -	\$ 450,000	\$ -	\$ - 0.	0	0 Eliminate medical services to recent graduates of state foster care from age 18 to 21.	Yes
86 Medicaio	DOH - Eliminate Presumptive Eligibility for Pregnant Women	\$ 2,981,500	\$ 288,800	\$ 705,000	\$ 851,600	\$ 2,129,900	\$ - 0.	0	Eliminate 45 days of presumptive eligibility for pregnant women. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.	No
087 Medicaio	DOH - Eliminate vehicle exclusion in determining eligibility	\$ 4,163,400	\$ 201,700	\$ 492,300	\$ 1,189,200	\$ 2,974,200	\$ - 0.	0	Where one vehicle was previously excluded in determining eligibility, a vehicle asset of \$1,500 or less would now be required for eligibility. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.	No
D88 Medicaio	DOH - Eliminate Medicaid Work Incentive Program	\$ 2,277,000	\$ -	\$ -	\$ 650,400	\$ 1,626,600	\$ - 0.	0	End optional coverage group for working individuals with disabilities. Individuals who subsequently quit their job would likely qualify for Medicaid. This would require an undetermined number of programming hours to make these changes in both the eREP and PACMIS computer systems.	Yes

Grand Total - Optional Reductions

Ref. Line # Item*	Reduction Name	FY 2010 Appropriation (Total Funds)	FY 2009 General Fund Reduction	FY 2009 Other Funds Reduction	FY 2010 General Fund Reduction	FY 2010 Other Funds Reduction	FY 2010 Client Contributions	FTEs FTEs Filled Vacant	Clients Impact Ad	Additional Legislation Required?
O89 CHIP	DOH - 2008 GS - HB 326 Children's Health Insurance Program	\$ 2,700,000	\$ -	\$ -	\$ 500,000	\$ -	\$ -	0.0	Enrollment growth has been below what's needed to use prior budget increases. The original appropriation for FY 2010 was for \$2.7M, at least \$0.5M could be reduced without affecting open enrollment and possibly more could be reduced as more caseload figures come in.	No
O90 CHIP	DOH - Increase premiums for Plan C CHIP children		\$ -	\$ -	\$ 72,000	\$ 288,000	\$ -	0.0	\$15 increase in premiums to be paid every 3 months. May decrease the number of eligible children who will continue participating in the CHIP program.	Yes
O91 Various	DOH - Replace General Fund With 50% of Fee Increases Proposed				\$ 615,300			0.0	May impact some service levels if fees are not sufficient to pay for costs. The top 3 fee increases are: (1) newborn screening, (2) children with special health care needs clinics, and (3) bureau of vital records.	Yes
O92 Various	DOH - Cigarette Tax Unused Monies (2002 Increase)	N/A	\$ -	\$ -	\$ 700,000	\$ -	\$ -	0.0	Revenues fluctuate from year-to-year, \$700,000 is a conservative estimate of available monies.	Yes
O93 Various	DOH - Medicaid Restricted Account Fund Balance - Full	\$ 16,831,900	\$ 8,910,000	\$ -		\$ -	\$ -	0.0	\$16.8 M is the entire balance available in the account. The fund balance is not used unless the Legislature appropriates monies out of it.	No
O94 Various	DOH - Incentive Reward Elimination	\$ 376,200				\$ 376,200		0.0	0 No more incentive awards available for Health FTEs.	No
O95 Various	DOH - Consolidate Health Into Other State Agencies	\$ 7,440,000	\$ -		\$ 3,627,600			34.0	Assumes that all responsibilities of each division and the agency can be absorbed by other agencies. The only director's office left funded for Health is the Medicaid director's office.	Yes
O96 Various	DOH - Reduce mileage rate from 50.5 to 36 cents	\$ 300,700						0.0	Less mileage reimbursement for personal use of vehicles on State business. 50.5 cents per mile is the IRS reimbursement rate and 36 cents is the cost to the State for its vehicle fleet.	Yes

119,103

\$ 24,688,100 \$ 106,546,900 \$ 27,073,200 \$ 100,356,000 \$ 159,000 104

^{*}Health Acronyms: EDO=Executive Director's Operations, HSI=Health Systems Improvement, WFA=Workforce Financial Assistance, ELS=Epidemiology & Lab Services, CFHS=Community and Family Health Services, HCF=Health Care Financing (Medicaid Admin.), CHIP=Children's Health Insurance Program, LHD=Local Health Departments